WHATCOM COUNTY

DISTRICT PAYROLL INPUT FORM

District		Month of: 19
Fund		Period Ending: 19

Hr/ Sal	Employee Number	Employee Name	Pay Type	Total Hours	Pay Rate	Description	Cost Center	Gross Amount

Prepared by:

Date	Phone

STATE OF WASHINGTON, COUNTY OF WHATCOM

I, the undersigned, do hereby certify under penalty of perjury, that the labor has been performed as described herein, and that the claim is a just, due, and unpaid obligation against Whatcom County, and that I am authorized to authenticate and certify to said claim.

District Auditing Officer

The above payroll approved for payment at a regular meeting of the

_____

on: _____ (date).

_____
Executive Director or Commissioner

_____
Commissioner

_____
Commissioner